

DISCLOSURE SUMMARY PAGE

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Don Paulson Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Don Paulson

Political Party (if applicable)

Democratic

Office Sought

Co. Board of Supervisors

District (if Senate or House)

FORM**DR-2**

(Rev. 12/2009)

DISCLOSURE
REPORT**For Office Use Only**

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 7-15-10 thru 10-14-10

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11-2-10

County & Local Committees, enter County in
which Election is held
Muscatine County

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,607.00

Schedule F: Loans Received total (Attach Schedule F)

100.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 1,707.00**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

950.30

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 756.70

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 26.80

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 100.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Rec'd Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Don Paulson Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
08/20/10	ID# 9141 CK# 758	Muscatine Co Democratic Central Committee PO Box 584		\$500.00	<input type="checkbox"/>
08/21/10	ID# CK#	Robert and Betty McMahon 3111 180th St Muscatine, IA 52761		50.00	<input type="checkbox"/>
8-30-10	ID# CK#	Tom Furlong 1745 231st St Letts, IA 52754		100.00	<input type="checkbox"/>
8-16-10	ID# CK#	Randy Nabor 402 E 8th St Muscatine, IA 52761		25.00	<input type="checkbox"/>
9-4-10	ID# CK#	Helen and Richard VanHoozer 3302 Mackinac Ct Muscatine, IA 52761		50.00	<input type="checkbox"/>
9-19-10	ID# CK#	Robert and Betty McMahon 3111 180th St Muscatine, IA 52761		100.00	<input checked="" type="checkbox"/>
9-19-10	ID# CK#	Randy Nabor 402 E. 8th St Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
9-19-10	ID# CK#	Stan Staats 7162 G Ave Wapello, IA 52653		100.00	<input checked="" type="checkbox"/>
9-19-10	ID# CK#	Sally Meisinger 2111 Bidwell Rd Apt A6 Muscatine, IA 52761		50.00	<input checked="" type="checkbox"/>
9-19-10	ID# CK#	Nathan and Rebecca Reichert 1155 Iowa Ave Muscatine, IA 52761		20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1020.00	1020.00
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Don Paulson Supervisor

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9-19-10	ID# CK#	Ken Noble 1568 100th St West Liberty, IA 52776		\$20.00	<input checked="" type="checkbox"/>
9-19-10	ID# CK#	Linda Reichert 3402 Tipton Rd Muscatine, IA 52761		25.00	<input checked="" type="checkbox"/>
9-19-10	ID# CK#	unitemized contribution		5.00	<input checked="" type="checkbox"/>
9-13-10	ID# 9141 CK# 766	Muscatine Co Democratic Central Committee PO Box 584 Muscatine, IA 52761		392.00	<input checked="" type="checkbox"/>
9-30-10	ID# CK#	Marlyn Schepers 413 W 3rd St Muscatine, IA 52761		50.00	<input type="checkbox"/>
10-5-10	ID# CK#	Sandra Stanley 918 Acorn Lane Muscatine, IA 52761		35.00	<input type="checkbox"/>
10-5-10	ID# 9141 CK# 774	Muscatine Co Democratic Central Committee PO Box 584 Muscatine, IA 52761		60.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 587.00	
TOTAL (if last page of this schedule)				\$ 1607.00	

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COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Don Paulson Supervisor

RESET

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
8-16-10	Don Paulson 2451 Jasper Ave Letts, IA 52754	Candidate	\$ 10.00

TOTAL (PART I)

\$ 100.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E - TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 100.00

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Page 1 of 1
(for Schedule F)